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# COVID-19 COMMUNITY DEVELOPMENT BLOCK GRANT SPECIAL FUNDING APPLICATION

Program Name:		
Organization/Agency:		
Street Address:		
City, State, Zip Code:		
Executive Director:		
Phone No.:	Fax No.:	
Contact Name:	Contact Phone No.:	
Contact e-mail:		
Federal IRS Tax Exempt #:	DUNS #:	
Amount Requested:		
Attach current agency registration record from System	for Award Management. See https://www.sam.gov	
Which of the following impacts has your organization that apply)	experienced or anticipates experiencing? (Check all	
Cancellation of programs or events		
Disruption of service to clients and communities		
Disruption of supplies or services provided by partners and/or vendors		
Increased or sustained staff and volunteer absences		
Staff layoffs or furloughs or reduced programming	י י	
Increase demand for services/requests for assistance from clients and communities		
Budgetary implications due to the strained economy		
Other (please specify)		

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## 1. Organizational Questions

a. What is your organization doing differently in response to COVID-19, including new methods of service delivery?
b. How has your organization responded, or it anticipate responding, to the spread of the coronavirus?

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c. What provision of new or quantifiable increased public service activity did your organization carry out to prevent, prepare for or respond to the coronavirus?

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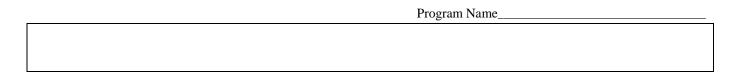
**2. Organizational/agency history and goals (if required):** If new to HAND funding, please describe briefly your organization/agency, its history, primary service delivery functions, and primary clientele. Otherwise please type n/a.

#### 3. Utilization of Funds

Please describe how you will utilize the requested funds. This funding must be used in relation to the coronavirus pandemic; this will be interpreted broadly but the connection must exist. Funding priority will be given for those needs identified by the Bloomington coronavirus social service response task force in the areas of food, healthcare, child care, and shelter. Also please explain your organization's capacity to successfully implement this program during a time of great system stressors.

### **4.** Evaluation methodology/outcome measurement:

a. What do you hope to accomplish with the funds you requested?
b. Briefly describe how you will measure that you have accomplished your goal and what evaluation
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#### 5. Client Data:

Community Development funds can only be used to reimburse for services to city households with income levels at or under 80% Area Median Income (AMI), adjusted for household size. These levels are established by HUD on an annual basis. Should your project target households above this income level, please contact HAND promptly for further discussion.

#### **Proposed Level of Activity**

Use the following current (2019) AMI table for the purpose of this section:

	1 Person	2 Person	3 Person	4 Person	5 Person
Extremely Low Income (30% AMI and below)	\$15,550	\$17,750	\$19,950	\$22,150	\$23,950
Low Income (30 – 50 % AMI)	\$25,850	\$29,550	\$33,250	\$36,900	\$39,900
Low-Moderate Income (50 – 80% AMI)	\$41,350	\$47,250	\$53,150	\$59,050	\$63,800

How many total clients do you plan to serve with this program?	
a. Of the total clients, what percent will be City residents?	
b. Of the total clients, what percent will be City residents and income eligible?	
c. Of the City clients, what percent will be extremely low income?	
d. Of the City clients, what percent will be low income?	
e. Of the City clients, what percent will be low-moderate income?	

## 6. Budgetary Information: Please provide the following financial documentation if you are NOT a FY 2019 HAND CDBG Recipient. If a current recipient, type n/a:

- a) Attach a copy of your agency's last two year's Balance Sheets, Income Statements, and Statement of Cash Flows.
- b) Provide the end date for your agency's own fiscal year:
- c) In the last five years has your agency defaulted on a loan or been in non-compliance of a grant or any type of funding source? If yes, please explain.

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#### 7. Program Budget

\*Show <u>Program</u> fiscal budget for program funding is being sought for (not entire agency budget). Note: Your agency **CANNOT** utilize this special funding if other funding is being utilized or is available for identical expenditures.

<b>Budget Program</b>	<b>Proposed Budget</b>	Amount of
Expenditures		CDBG funds
Salaries		
Employee Benefits/Taxes		
Utilities		
Office supplies		
Postage		
Printing and Publications		
Rent		
Specific Assistance to Individuals		
Other (explain)		
Total Budget Expenditures		

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#### **8. Other Funding Sources**

List all sources of income to be used to fund this <u>program</u>.

Program Income Source	Proposed Income
CDBG	
United Way	
County	
Fundraising	
Other Federal or State funds	
Other (list below)	
Cash on Hand	
Total Budgeted Income	

# 9. Staff List all staff who will work on the $\underline{program}$ , indicating whether the staff member is full time (FT) or part time (PT).

Position/Title	FT/PT	# of Hours per Week chargeable to this Program	Salary amount chargeable to this program	Portion of salary to be paid by CDBG